File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE 2003

	* 4 4 4 4	<u> </u>	AHIII: 37	
COMMITTEE NAME (Must be same as on Statement of Org	anization)			
The Daviel A. Huseman Elect	ion Committee	1 1	R-2 DISCI	001105
IMPORTANT: Indicate by # type of committee you are reporting for:			7. 07/2007) REP	.OSURE ORT
(1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Can	didate (7) School Board or Other Political		Office Use Only	<u> </u>
Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	Board or Other Political Subdivision PAC	V 1 1	m. #	21_
CANDIDATE COMMITTEES ONLY:			ed in	
Candidate Name	Political Party (if applicable)		nned	
DAN HUSEMAN .	Kepublican	1 1	puter	
State Representative	District (if Senate or House) 上のひと 53	. Audi	ted	
				_
Late reports are subject to possible civil and criminal penalties. F	ursuant to Iowa Code sections 68B.32A	(7) and 68A.	401(3), the candidate	, for a
	712 113/1 C881	/	10/ 201	d
Marie W Justine	7/2-434-5880 TELEPHONE	1	in 18, 200,	<u>></u>
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED	·
1 AM FILING A TON . 19, 2008	REPORT FOR (1) ELECTION	/(2)NON-EL	ECTION YEAR.	
(report date)	Indicate by #			
□CHECK IF AMENDMENT TO REPORT DATED	·	Local Commi	ttees, enter Date of Ele	ection
			·	
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	۱ ام		cal Committees, enter (County in
(rea mast sommate to the reports arm a pit one the	 ,	which Electio	n is neid	
OTATEMENT OF CACH ON HAN	בי			
STATEMENT OF CASH ON HAN				
CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	\$	1/03.	91
ADD TOTAL MONEY TAKEN IN THIS PERIOD			950.	00
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)	**********	430.	
Schedule F: Loans Received total (Attach Schedu	le F)			
Schedule H: Total Sales of Campaign Property (Al	tach Schedule H)			
(Schedule H applies to Candidates' Cor	nmittees Only)		2002	a /
	SUB-TOTAL	\$	2053	1 (
SUBTRACT TOTAL MONEY SPENT THIS PERIO			921.	37
Schedule B: Expenditures total (Attach Schedule B			1211	~
Schedule F: Loan Repayments total (Attach Sched	Jule F)		1122	<u></u>
CASH ON HAND at the end of this reporting period (if final r	eport balance must be zero)	\$	11321	59
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	nedule E)	\$		
**OUTSTANDING LOANS (From Schedule F - Attach Sched	dule F)	\$		
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YES NO	
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	ttach Schedule H)	\$	-i-	
STATE COMMITTEES: Submit a reconciled campaign acco	ount bank statement in January of eac	h vear		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

The Daniel A. Huseman Electic Committee

SCHEDULE		
A (Rev. 07/03)	MONETARY RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
	NUMBER		(if applicable)		RAISER INCOME
7/19/2007	ID#	Robert Feser		\$	
11/2007	CK# 5859	208 West Bluff Street.		50,00	L
	1D# 6027	cherokee, Ta SIOIZ		70,00	
7/19/2007		Deere PAC Iowa ONE John Deere Place		4.	
	CK# 2564	moline, IL 61265		250.00	
7/19/201	ID#	Jeanine Chartier			
19/207	CK#	2065 HWY ZD		ופה היי	
	10#	Lawton, Iowa 51030		50,00	
7/9/2007	ID# 6067 CK# 6067	Iowa Health PAC 6750 Westown Parkway #100			
11/2001	CK# 3 6/6/0	W. Des Meines, Ia 50266-7726		200.00	
11/	ID# 6067	Iowa Health PAC			
1/21/201		6750 Westown Parkway # 100			.
1201	CK# 3709	w. Des Moines, Ia 50266-7726		200,00	L
11/21/2007	ID# 6059	TCAR PAG.			
1721/2007	CK# 3054	IIII OFFICE Park Road		100,00	
	,	W. Des Moines, Ia 50265-2506		′	
11/21/2007	ID# 6058	ICSPAC ANKENY Road # 100		(مهرسي	
10/2001	CK# 4165	ANKENY, IOWA 50023-4163		100,00	
	ID#)			
	CK#				
	ID#				,
	CK#				
	UN#	·			
	ID#				
	CK#				
			SUB-TOTAL .	950 M	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of ____

CK#

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

	SCHEDULE	· · · · · · · · · · · · · · · · · · ·	
	В		
		MONETARY	
	(Rev. 07/03)	EXPENDITURES	
1			
-	CHECK THIS BOX IF		
1			
1	AMENDING FORM		

Pection Committee CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE ID NUMBER **EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED** EXPENDED (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Party OF IA DONATION. CK# Des Moines, Ia 50309 ID# CK# Cheroker, Ioua 5/01Z ID#

SUB-TOTAL \$921.32
TOTAL (if last page of this schedule) \$971.32

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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